

Fill in this information to identify your case:

United States Bankruptcy Court for the:

3Northern District of Texas



Case number (if known): _____

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

FILED
FEB 22 2019
 CLERK, U.S. BANKRUPTCY COURT
 NORTHERN DISTRICT OF TEXAS
☒ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

DAVID

First name

LEE

Middle name

JUMPER

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

JENNIFER

First name

MARIE

Middle name

JUMPER

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

JENNIFER

First name

MARIE

Middle name

LUTZ

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 0 6 2 6

OR

9 xx - xx -

xxx - xx - 3 9 2 5

OR

9 xx - xx -

Debtor 1

DAVID LEE

First Name Middle Name

JUMPER

Last Name

Case number (if known)

About Debtor 1:**About Debtor 2 (Spouse Only in a Joint Case):****4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

1507 BERRY PATCH LANE

Number Street

GRANBURY

City

TX

State

76048

ZIP Code

HOOD

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

If Debtor 2 lives at a different address:

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7☐ Chapter 11☐ Chapter 12☐ Chapter 13**8. How you will pay the fee**

☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☐ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☒ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?☒ No☐ Yes.

District _____

When _____

MM / DD / YYYY

Case number _____

District _____

When _____

MM / DD / YYYY

Case number _____

District _____

When _____

MM / DD / YYYY

Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?☒ No☐ Yes.

Debtor _____

Relationship to you _____

District _____

When _____

MM / DD / YYYY

Case number, if known _____

Debtor _____

Relationship to you _____

District _____

When _____

MM / DD / YYYY

Case number, if known _____

11. Do you rent your residence?☒ No.

Go to line 12.

☐ Yes.

Has your landlord obtained an eviction judgment against you?

☐ No.

Go to line 12.

☐ Yes.Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

DAVID LEE

JUMPER

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☐ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No☐ Yes. What is the hazard?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

DAVID LEE

JUMPER

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

DAVID LEE

Middle Name

JUMPER

Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?****16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.**17. Are you filing under Chapter 7?**☐ No. I am not filing under Chapter 7. Go to line 18.**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below**For you**

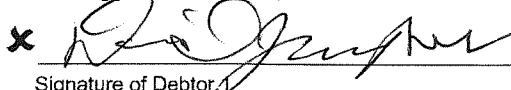
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

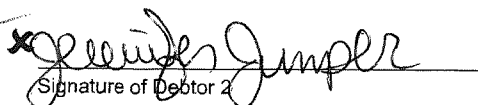
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x 

Signature of Debtor 1

Executed on 02/22/2019
MM / DD / YYYY

x 

Signature of Debtor 2

Executed on 02/22/2019
MM / DD / YYYY

Debtor 1 **DAVID LEE JUMPER**
First Name Middle Name Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

 Signature of Attorney for Debtor Date MM / DD / YYYY

 Printed name

 Firm name

 Number Street

 City State ZIP Code

 Contact phone Email address

 Bar number State

Debtor 1

DAVID LEE

First Name Middle Name

JUMPER

Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

☐ No

☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

☐ No

☒ Yes

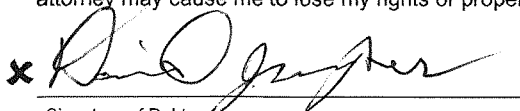
Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

☒ No

☐ Yes. Name of Person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x 
Signature of Debtor 1

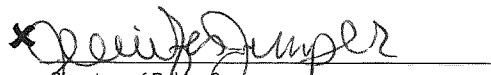
Date

02/22/2019
MM/DD/YYYY

Contact phone (817) 219-5075

Cell phone _____

Email address DJUMPER1@GMAIL.COM

x 
Signature of Debtor 2

Date

02/22/2019
MM/DD/YYYY

Contact phone (817) 559-3395

Cell phone _____

Email address J.M.JUMPER80@GMAIL.COM

Fill in this information to identify your case and this filing:

Debtor 1	DAVID	LEE	JUMPER
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	JENNIFER	MARIE	JUMPER
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Northern District of Texas



Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

1.1. _____
 Street address, if available, or other description

 City State ZIP Code

 County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____
Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. _____
 Street address, if available, or other description

 City State ZIP Code

 County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____
Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

1.3. Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \$

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

\$ 0.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1. Make: FORD
Model: F-150
Year: 2014
Approximate mileage: 90535

Other information:

IT IS FINANCED

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 19,000.00 \$ 7,875.00

If you own or have more than one, describe here:

3.2. Make: KIA
Model: SORENTO
Year: 2014
Approximate mileage: 28000

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 10,000.00 \$ 10,000.00

3.3. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

3.4. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here



\$ 17,875.00

Debtor 1 **DAVID** **LEE** **JUMPER**
First Name Middle Name Last Name

Case number (if known) _____

Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe..... **KITCHEN APPLIANCES, FURNITURE, LINENS, AND KITCHENWARE**\$ **5,000.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe..... **FOUR TELEVISIONS, PRINTER, TWO CELL PHONES, AND ONE COMPUTER**\$ **1,400.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe..... **NONE**\$ **0.00****9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe..... **NONE**\$ **0.00****10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe..... **NONE**\$ **0.00****11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe..... **EVERYDAY CLOTHES AND SHOES**\$ **1,500.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe..... **EVERDAY JEWELRY**\$ **150.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe..... **NONE**\$ **0.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information. **NONE**\$ **0.00****15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**\$ **8,050.00**

Debtor 1 DAVID LEE JUMPER
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the
portion you own?Do not deduct secured claims
or exemptions.**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No☐ Yes Cash: \$ 0.00**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes

Institution name:

17.1. Checking account:	<u>CHASE BANK</u>	\$ <u>20.00</u>
17.2. Checking account:	<u>N/A</u>	\$ <u>0.00</u>
17.3. Savings account:	<u>N/A</u>	\$ <u>0.00</u>
17.4. Savings account:	<u>N/A</u>	\$ <u>0.00</u>
17.5. Certificates of deposit:	<u>N/A</u>	\$ <u>0.00</u>
17.6. Other financial account:	<u>N/A</u>	\$ <u>0.00</u>
17.7. Other financial account:	<u>N/A</u>	\$ <u>0.00</u>
17.8. Other financial account:	<u>N/A</u>	\$ <u>0.00</u>
17.9. Other financial account:	<u>N/A</u>	\$ <u>0.00</u>

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes

Institution or issuer name:

<u>N/A</u>	\$ <u>0.00</u>
<u>N/A</u>	\$ <u>0.00</u>
<u>N/A</u>	\$ <u>0.00</u>

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific
information about
them.....

Name of entity:

% of ownership:

<u>N/A</u>	<u>0%</u> %	\$ <u>0.00</u>
<u>N/A</u>	<u>0%</u> %	\$ <u>0.00</u>
<u>N/A</u>	<u>0%</u> %	\$ <u>0.00</u>

Debtor 1 **DAVID** **LEE** **JUMPER**
First Name Middle Name Last Name

Case number (if known) _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name:

N/A

\$ 0.00

N/A

\$ 0.00

N/A

\$ 0.00

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No☒ Yes. List each

account separately.

Type of account:

Institution name:

401(k) or similar plan:

FIDELITY

\$ 4,000.00

Pension plan:

N/A

\$ 0.00

IRA:

N/A

\$ 0.00

Retirement account:

N/A

\$ 0.00

Keogh:

N/A

\$ 0.00

Additional account:

N/A

\$ 0.00

Additional account:

N/A

\$ 0.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes.....

Institution name or individual:

Electric:

N/A

\$ 0.00

Gas:

N/A

\$ 0.00

Heating oil:

N/A

\$ 0.00

Security deposit on rental unit:

N/A

\$ 0.00

Prepaid rent:

N/A

\$ 0.00

Telephone:

N/A

\$ 0.00

Water:

N/A

\$ 0.00

Rented furniture:

N/A

\$ 0.00

Other:

N/A

\$ 0.00

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description:

N/A

\$ 0.00

N/A

\$ 0.00

N/A

\$ 0.00

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

N/A	\$	0.00
0.00	\$	0.00
N/A	\$	0.00

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them....

N/A

\$ 0.00

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them....

N/A

\$ 0.00

27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them....

N/A

\$ 0.00

Money or property owed to you?**Current value of the portion you own?**
Do not deduct secured claims or exemptions.**28. Tax refunds owed to you**☐ No☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.2018 TAX YEAR REFUND IS OWED TO US
AND WE FILED ON JANUARY 28, 2019

Federal:	\$	10,162.00
State:	\$	0.00
Local:	\$	0.00

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☐ No☒ Yes. Give specific information.....DEBTOR 1 IS OWED \$3300.00 BY
REBECCA ALVAREZ AND DEBTOR 2
IS OWED \$4974.00 BY SCOTT LUTZ.

Alimony:	\$	0.00
Maintenance:	\$	0.00
Support:	\$	8,274.00
Divorce settlement:	\$	0.00
Property settlement:	\$	0.00

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information.....

N/A

\$ 0.00

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☐ No☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

UNITED HEALTHCARE

N/A

\$ 0.00

\$ 0.00

\$ 0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.

N/A

\$ 0.00

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment*Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.

N/A

\$ 0.00

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims☒ No☐ Yes. Describe each claim.

N/A

\$ 0.00

35. Any financial assets you did not already list☒ No☐ Yes. Give specific information.

N/A

\$ 0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here

\$ 22,456.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☐ No☐ Yes. Describe.

\$

39. Office equipment, furnishings, and supplies*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices☐ No☐ Yes. Describe.

\$

Debtor 1 **DAVID** **LEE** **JUMPER**
First Name Middle Name Last Name

Case number (if known) _____ /

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade☐ No

☐ Yes. Describe..... \$ _____

41. Inventory☐ No

☐ Yes. Describe..... \$ _____

42. Interests in partnerships or joint ventures☐ No

☐ Yes. Describe.....

Name of entity:	% of ownership:	
_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

43. Customer lists, mailing lists, or other compilations☐ No

☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe..... \$ _____

44. Any business-related property you did not already list☐ No

☐ Yes. Give specific information

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here ➔

\$ 0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?☒ No. Go to Part 7.☐ Yes. Go to line 47.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

47. Farm animals*Examples: Livestock, poultry, farm-raised fish*☐ No

☐ Yes..... \$ _____

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

48. Crops—either growing or harvested☐ No☐ Yes. Give specific information.

N/A

\$ 0.00

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade☐ No☐ Yes.

N/A

\$ 0.00

50. Farm and fishing supplies, chemicals, and feed☐ No☐ Yes.

N/A

\$ 0.00

51. Any farm- and commercial fishing-related property you did not already list☐ No☐ Yes. Give specific information.

N/A

\$ 0.00

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

☒ No☐ Yes. Give specific information.

N/A

\$ 0.00

\$ 0.00

\$ 0.00

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$ 0.00

Part 8: List the Totals of Each Part of this Form**55. Part 1: Total real estate, line 2** \$ 0.00**56. Part 2: Total vehicles, line 5** \$ 17,875.00**57. Part 3: Total personal and household items, line 15** \$ 8,050.00**58. Part 4: Total financial assets, line 36** \$ 22,456.00**59. Part 5: Total business-related property, line 45** \$ 0.00**60. Part 6: Total farm- and fishing-related property, line 52** \$ 0.00**61. Part 7: Total other property not listed, line 54** + \$ 0.00**62. Total personal property. Add lines 56 through 61.** \$ 48,381.00 Copy personal property total + \$ 48,381.00**63. Total of all property on Schedule A/B. Add line 55 + line 62**

\$ 48,381.00

Fill in this information to identify your case:

Debtor 1	DAVID	LEE	JUMPER
	First Name	Middle Name	Last Name
Debtor 2	JENNIFER	MARIE	JUMPER
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the Northern District of Texas			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>HOUSE GOODS</u> Line from <i>Schedule A/B</i> : <u>6</u>	\$ <u>5,000.00</u>	<input checked="" type="checkbox"/> \$ <u>5,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	TEXAS PROP 42.002(A)(1)
Brief description: <u>ELECTRONICS</u> Line from <i>Schedule A/B</i> : <u>7</u>	\$ <u>1,400.00</u>	<input checked="" type="checkbox"/> \$ <u>1,400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	TEXAS PROP 42.002(A)(1)
Brief description: <u>CLOTHES</u> Line from <i>Schedule A/B</i> : <u>11</u>	\$ <u>1,500.00</u>	<input checked="" type="checkbox"/> \$ <u>1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	TEXAS PROP 42.002(A)(1)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>JEWELRY</u> Line from Schedule A/B: <u>12</u>	\$ <u>150.00</u>	<input checked="" type="checkbox"/> \$ <u>150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	TEXAS PROP 42.002(A)(1)
Brief description: <u>FORD F-150</u> Line from Schedule A/B: <u>3.1</u>	\$ <u>7,875.00</u>	<input checked="" type="checkbox"/> \$ <u>7,875.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	TEXAS PROP 41.002(A)(9)
Brief description: <u>KIA SORENTO</u> Line from Schedule A/B: <u>3.2</u>	\$ <u>10,000.00</u>	<input checked="" type="checkbox"/> \$ <u>10,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	TEXAS PROP 41.002(A)(9)
Brief description: <u>CHILD SUPPORT</u> Line from Schedule A/B: <u>29</u>	\$ <u>8,274.00</u>	<input checked="" type="checkbox"/> \$ <u>8,274.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	TEXAS PROP 42.001(B)(3)
Brief description: <u>HEALTH INS.</u> Line from Schedule A/B: <u>31</u>	\$ <u>0.00</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	TEXAS INS 1108.51
Brief description: <u>401K</u> Line from Schedule A/B: <u>21</u>	\$ <u>4,000.00</u>	<input checked="" type="checkbox"/> \$ <u>4,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	TEXAS PROP 42.0021
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

Fill in this information to identify your case:

Debtor 1	DAVID	LEE	JUMPER
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	JENNIFER	MARIE	JUMPER
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Texas			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
---	--	---

2.1	CHASE AUTO FINANCE	Describe the property that secures the claim:	\$ 11,125.00	\$ 19,000.00	\$ 0.00
	Creditor's Name PO BOX 78068 Number Street	2014 FORD F-150			
	PHOENIX AZ 85062 City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			
	Date debt was incurred 09/01/2015	Last 4 digits of account number 5 3 2 0			

2.2	PROGRESSIVE LEASING	Describe the property that secures the claim:	\$ 715.25	\$ 1,100.00	\$ 0.00
	Creditor's Name 256 DATA DRIVE Number Street	RING (IT WAS LOST)			
	DRAPER UT 84020 City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) RETAIL			
	Date debt was incurred 04/01/2017	Last 4 digits of account number 0 5 0 2			
Add the dollar value of your entries in Column A on this page. Write that number here:			\$ 11,840.25		

Debtor 1

DAVID
First NameLEE
Middle NameJUMPER
Last Name

Case number (if known)

Part 1:**Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Column C

Unsecured portion
If any**2.3 WORLD FINANCE CO**

Describe the property that secures the claim:

\$ 760.00

\$ 0.00

Creditor's Name

108 FREDERICK ST

Number Street

I DON'T REMEMBER

GREENVILLE SC 29607

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 06/04/2014

Last 4 digits of account number 0 1 5 3

2.5 WORLD FINANCE CO

Describe the property that secures the claim:

\$ 957.00

\$ 0.00

Creditor's Name

108 FREDERICK ST

Number Street

I DON'T REMEMBER

GREENVILLE SC 29607

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.

- ☒ Debtor 1 only
☒ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 12/03/2012

Last 4 digits of account number 0 1 2 4

2.5 WORLD FINANCE CO

Describe the property that secures the claim:

\$ 321.95

\$ 100.00 \$ 0.00

Creditor's Name

1327 PLAZA DR N

Number Street

TELEVISION

GRANBURY TX 76048

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred 08/15/2018

Last 4 digits of account number 2 6 2 3

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 2,038.95

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$ 9,899.20

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ JH PORTFOLIO
 Name
 5757 PHANTON DR STE 225
 Number Street

On which line in Part 1 did you enter the creditor? 2.4Last 4 digits of account number P 1 5 4

HAZELWOOD MO 63042
 City State ZIP Code

☐
 Name
 Number Street

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

City State ZIP Code

☐
 Name
 Number Street

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

City State ZIP Code

☐
 Name
 Number Street

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

City State ZIP Code

☐
 Name
 Number Street

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

City State ZIP Code

☐
 Name
 Number Street

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

City State ZIP Code

Fill in this information to identify your case:

Debtor 1	DAVID	LEE	JUMPER
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	JENNIFER	MARIE	JUMPER
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Texas			
<div style="text-align: right;">▼</div>			
Case number _____ (If known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims against you?**

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

	Total claim	Priority amount	Nonpriority amount
Priority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		

2.2

Priority Creditor's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
--	---	--	--

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 ACTON MEDICAL CLINIC
Nonpriority Creditor's Name
2006 FALL CREEK HWY
Number Street
GRANBURY TX 76049
City State ZIP Code

Last 4 digits of account number 7 0 7 8

When was the debt incurred? 10/01/2017

Total claim
\$ 230.09

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify MEDICAL

4.2 APP TEXAS ED PLLC
Nonpriority Creditor's Name
PO BOX 4458 DEPT 329
Number Street
HOUSTON TX 77210
City State ZIP Code

Last 4 digits of account number 0 0 2 9

When was the debt incurred? 11/01/2018

\$ 944.18

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify MEDICAL

4.3 AT HOME PROFESSIONS
Nonpriority Creditor's Name
2001 LOWE STREET
Number Street
FORT COLLINS CO 80525
City State ZIP Code

Last 4 digits of account number 2 0 0 2

When was the debt incurred? 09/12/2011

\$ 913.00

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify EDUCATION

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

AT&T

Nonpriority Creditor's Name

PO BOX 5014

Number Street

CAROL STREAM

IL

60197

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 2 9 5 3

\$ 268.63

When was the debt incurred? 08/01/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify UTILITIES

4.5

ATT UVERSE

Nonpriority Creditor's Name

PO BOX 536216

Number Street

ATLANTA

GA

30353

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 5 3 7 4

\$ 147.00

When was the debt incurred? 06/01/2014

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify UTILITIES

4.6

ATT WIRELINE

Nonpriority Creditor's Name

PO BOX 536216

Number Street

ATLANTA

GA

30353

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 5 3 7 4

\$ 94.00

When was the debt incurred? 06/01/2014

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify UTILITIES

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7

BIGELOW RENTALS

Nonpriority Creditor's Name

1216 N BUCHANAN STREET

Number Street

GREEN BAY

WI

54303

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 6 2 6 5

\$ 2,315.50

When was the debt incurred? 11/01/2011

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify APARTMENT LEASE

4.8

CHARTER COMMUNICATIONS

Nonpriority Creditor's Name

PO BOX 790261

Number Street

SAINT LOUIS

MO

63179

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 8 7 1 5

\$ 700.00

When was the debt incurred? 01/01/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify UTILITIES

4.9

COMENITY BANK/BEALLS

Nonpriority Creditor's Name

PO BOX 182789

Number Street

COLUMBUS

OH

43218

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 5 9 7 0

\$ 457.00

When was the debt incurred? 03/01/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify RETAIL CARD

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.0

COMENITY BANK/BEALLS

Nonpriority Creditor's Name

PO BOX 182789

Number Street

COLUMBUS

OH

43218

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 2 6 0 4

\$ 508.58

When was the debt incurred? 11/01/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify RETAIL CARD

5.1

CONCORD MEDICAL GROUP

Nonpriority Creditor's Name

2800 CORPORATE DR #103

Number Street

FLOWER MOUND

TX

75028

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 1 4 7 2

\$ 346.00

When was the debt incurred? 12/01/2013

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify MEDICAL

5.2

CONCORD MEDICAL GROUP

Nonpriority Creditor's Name

2800 CORPORATE DR #103

Number Street

FLOWER MOUND

TX

75028

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 1 5 7 1

\$ 436.00

When was the debt incurred? 11/01/2014

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify MEDICAL

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.3

CONCORD MEDICAL GROUP

Nonpriority Creditor's Name

2800 CORPORATE DR #103

Number Street

FLOWER MOUND

TX

75028

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 1 5 8 7

\$ 436.00

When was the debt incurred? 01/01/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify MEDICAL

5.4

CONCORD MEDICAL GROUP

Nonpriority Creditor's Name

2800 CORPORATE DR #103

Number Street

FLOWER MOUND

TX

75028

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 1 7 9 5

\$ 582.00

When was the debt incurred? 10/01/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify MEDICAL

5.2

CONCORD MEDICAL GROUP

Nonpriority Creditor's Name

2800 CORPORATE DR #103

Number Street

FLOWER MOUND

TX

75028

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 1 8 0 0

\$ 582.00

When was the debt incurred? 05/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify MEDICAL

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.6

CREDIT ACCEPTANCE CORP

Nonpriority Creditor's Name

25505 W 12 MILE ROAD

Number Street

SOUTHFIELD

MI

48034

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 3 0 2 1

\$ 6,499.00

When was the debt incurred? 09/01/2010

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify VEHICLE LOAN

5.7

DIRECTV

Nonpriority Creditor's Name

PO BOX 105503

Number Street

ATLANTA

GA

30348

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 2 4 3 3

\$ 518.00

When was the debt incurred? 10/01/2014

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify UTILITIES

5.8

FINGERHUT/WEBBANK

Nonpriority Creditor's Name

6250 RIDGEWOOD ROAD

Number Street

SAINT CLOUD

MN

56303

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 1 6 8 8

\$ 180.00

When was the debt incurred? 12/01/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify RETAIL CARD

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

5.9

FIRST NATIONAL BANK GRANBURY

Nonpriority Creditor's Name

1905 S MORGAN STREET

Number Street

GRANBURY

TX

76048

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 4 2 9 6

\$ 147.18

When was the debt incurred? 06/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify CHECKING ACCOUNT

6.0

FORT WORTH HEART PA

Nonpriority Creditor's Name

PO BOX 202530

Number Street

AUSTIN

TX

78720

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No

☐ Yes

Last 4 digits of account number 9 6 6 8

\$ 30.00

When was the debt incurred? 10/01/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify MEDICAL

6.1

FUNDRAISING DOTS

Nonpriority Creditor's Name

27285 LAS RAMBLAS STE 210

Number Street

MISSION VIEJO

CA

92691

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 5 7 5 9

\$ 228.00

When was the debt incurred? 02/01/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify FUNDRAISER

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

6.2

GRANBURY HOOD COUNTY EMS

Nonpriority Creditor's Name

2200 COMMERCIAL LANE

Number Street

GRANBURY

TX

76048

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 0 3 0 3

\$ 1,416.00

When was the debt incurred? 11/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify MEDICAL

6.3

LAKE GRANBURY MEDICAL CENTER

Nonpriority Creditor's Name

PO BOX 1280

Number Street

OAKS

PA

19456

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 7 1 6 8

\$ 138.96

When was the debt incurred? 12/01/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify MEDICAL

6.4

LAKE GRANBURY MEDICAL CENTER

Nonpriority Creditor's Name

PO BOX 1280

Number Street

OAKS

PA

19456

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 8 4 2 7

\$ 8,409.92

When was the debt incurred? 11/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify MEDICAL

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

6.5

LAKE GRANBURY MEDICAL CENTER

Nonpriority Creditor's Name

PO BOX 1280

Number Street

OAKS

PA

19456

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 9 4 8 0

\$ 702.38

When was the debt incurred? 12/01/2017

As of the date you file, the claim is: Check all that apply.

☒ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify MEDICAL

6.6

LAKE GRANBURY MEDICAL CENTER

Nonpriority Creditor's Name

PO BOX 1280

Number Street

OAKS

PA

19456

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 0 0 1 4

\$ 488.24

When was the debt incurred? 12/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify MEDICAL

6.7

LONGHORN EMERGENCY MEDICAL

Nonpriority Creditor's Name

PO BOX 740021

Number Street

CINCINNATI

OH

45274

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number 4 7 1 4

\$ 873.00

When was the debt incurred? 11/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify MEDICAL

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

6.8

MINERAL WELLS HOUSING AUTHORITY

Nonpriority Creditor's Name

200 N E 27TH STREET

Number Street

MINERAL WELLS TX 76067

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 4 3 7 8

\$ 592.53

When was the debt incurred? 06/01/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify APARTMENT LEASE

6.9

NAVIENT

Nonpriority Creditor's Name

PO BOX 9635

Number Street

WILKES-BARRE PA 18773

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 2 5 2 9

\$ 88,697.08

When was the debt incurred? 07/01/2007

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

7.0

NEVADA TITLE AND PAYDAY LOAN

Nonpriority Creditor's Name

3151 N CARSON STREET

Number Street

CARSON CITY NV 89706

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 6 9 6

\$ 560.00

When was the debt incurred? 12/01/2005

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify PAYDAY LOAN

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

7.1

PALO PINTO GENERAL HOSPITAL

Nonpriority Creditor's Name

400 SW 25TH AVENUE

Number Street
MINERAL WELLS TX 76067
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 1 5 3 8

\$ 815.00

When was the debt incurred? 12/01/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify MEDICAL

7.2

PALO PINTO GENERAL HOSPITAL

Nonpriority Creditor's Name

400 SW 25TH AVENUE

Number Street
MINERAL WELLS TX 76067
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 9 3 8 0

\$ 1,460.00

When was the debt incurred? 01/01/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify MEDICAL

7.3

PARKER EMERGENCY MEDICAL ASSOCIATION

Nonpriority Creditor's Name

200 CORPORATE BLVD STE 201

Number Street
LAFAYETTE LA 70508
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 4 8 3 4

\$ 400.00

When was the debt incurred? 04/01/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify MEDICAL

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

7.4

PROGRESSIVE INSURANCE

Nonpriority Creditor's Name

6300 WILSON MILLS RD BOX W33

Number

Street

MAYFIELD VILLAGE

OH

44143

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 3 4 1 4

\$ 263.33

When was the debt incurred? 05/01/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CAR INSURANCE

7.5

QUESTCARE ER N HILLS

Nonpriority Creditor's Name

4401 BOOTH CALLOWAY ROAD

Number

Street

NORTH RICHLAND HILLS

TX

76180

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 4 6 6

\$ 475.00

When was the debt incurred? 05/01/2013

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify MEDICAL

7.6

QUEST DIAGNOSTIC INCORPORATED

Nonpriority Creditor's Name

805 HILL BLVD UNIT 108

Number

Street

GRANBURY

TX

76048

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0 4 2 1

\$ 148.48

When was the debt incurred? 11/01/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify MEDICAL

Debtor 1 **DAVID LEE JUMPER**
 First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

7.7

RADIOLOGY OF NORTH TEXAS

Nonpriority Creditor's Name

PO BOX 1723

Number Street

INDIANAPOLIS

IN

46206

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number T C R A

\$ 168.00

When was the debt incurred? 11/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify MEDICAL

7.8

SANTANDER

Nonpriority Creditor's Name

PO BOX 961245

Number Street

FORT WORTH

TX

76161

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 1 0 0 0

\$ 4,199.50

When was the debt incurred? 02/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify VEHICLE LOAN

7.9

SECURITY FINANCE

Nonpriority Creditor's Name

722 E HIGHWAY 377

Number Street

GRANBURY

TX

76048

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 7 7 4 7

\$ 290.00

When was the debt incurred? 11/28/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify PERSONAL LOAN

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

8.0

SOCIAL SECURITY ADMINISTRATION

Nonpriority Creditor's Name

601 EAST TWELFTH STREET

Number

Street

KANSAS CITY

MO

64106

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 2 6 0 2\$ 31,117.00When was the debt incurred? 11/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify OVER PAYMENT

8.1

SPRINT

Nonpriority Creditor's Name

PO BOX 4191

Number

Street

CAROL STREAM

IL

60197

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0 6 2 6\$ 2,431.00When was the debt incurred? 03/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify CELL PHONE BILL

8.2

SUDDENLINK

Nonpriority Creditor's Name

PO BOX 742353

Number

Street

CINCINNATI

OH

45274

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 0 0 6\$ 297.16When was the debt incurred? 03/01/2014

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify UTILITIES

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

8.3

TARLETON STATE UNIVERSITY

Nonpriority Creditor's Name

1333 W WASHINGTON STREET

Number Street

STEPHENVILLE

TX

76401

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 2 9 9\$ 5,491.00When was the debt incurred? 09/01/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify COLLEGE TUITION

8.4

T-MOBILE

Nonpriority Creditor's Name

PO BOX 742596

Number Street

CINCINNATI

OH

45274

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 1 5 5 4\$ 412.72When was the debt incurred? 02/01/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify CELL PHONE BILL

8.5

TOLEDO FINANCE

Nonpriority Creditor's Name

112 TENAHA STREET

Number Street

CENTER

TX

75935

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0 0 0 4\$ 1,130.00When was the debt incurred? 09/01/2012

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify PERSONAL LOAN

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

8.6

TOLEDO FINANCE

Nonpriority Creditor's Name

112 TENAHA STREET

Number Street

CENTER

TX

75935

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 0 0 0 5

\$ 483.00

When was the debt incurred? 08/01/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify PERSONAL LOAN

8.7

UT SOUTHWESTERN MEDICAL CENTER

Nonpriority Creditor's Name

PO BOX 2090

Number Street

MORRISVILLE

NC

27560

City

State

ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 1 2 9

\$ 45.97

When was the debt incurred? 12/01/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify MEDICAL

8.8

WEATHERFORD REGIONAL MEDICAL CENTER

Nonpriority Creditor's Name

713 E ANDERSON STREET

Number Street

WEATHERFORD

TX

76086

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 7 0 0 0

\$ 1,905.00

When was the debt incurred? 10/01/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify MEDICAL

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

8.9

WESTERN FINANCE

Nonpriority Creditor's Name

1323 N PLAZA DRIVE

Number Street

GRANBURY

TX

76048

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 - 3 3\$ 1,916.31When was the debt incurred? 11/01/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify PERSONAL LOAN

9.0

WESTERN SHAMROCK

Nonpriority Creditor's Name

801 S ABE STREET STE 2A

Number Street

SAN ANGELO

TX

76903

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 9 8 2\$ 924.00When was the debt incurred? 08/01/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify PERSONAL LOAN

9.1

WESTERN SHAMROCK

Nonpriority Creditor's Name

801 S ABE STREET STE 2A

Number Street

SAN ANGELO

TX

76903

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 0 0 0 2\$ 478.00When was the debt incurred? 11/01/2011

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify PERSONAL LOAN

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

9.2

WISCONSIN AUTO TITLE LOANS

Nonpriority Creditor's Name

728 S MILITARY AVENUE

Number Street

GREEN BAY

WI

54304

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 2 2 0 0

\$ 1,661.87

When was the debt incurred? 01/01/2012

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify PERSONAL LOAN

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☐ No☐ Yes

Last 4 digits of account number _____

\$ _____

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify _____

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

IC SYSTEM COLLECTIONS
 Name
 PO BOX 64378
 Number Street

ST PAUL MN 55164
 City State ZIP Code

USCB CORPORATION
 Name
 761 SCRANTON CARBONDALE HWY
 Number Street
 UNIT #6

EYNON PA 18403
 City State ZIP Code

FRANKLIN COLLECTION SERVICE
 Name
 PO BOX 3910
 Number Street

TUPELO MS 38803
 City State ZIP Code

IC SYSTEM COLLECTIONS
 Name
 PO BOX 64378
 Number Street

ST PAUL MN 55164
 City State ZIP Code

IC SYSTEM COLLECTIONS
 Name
 PO BOX 64378
 Number Street

ST PAUL MN 55164
 City State ZIP Code

ERC
 Name
 PO BOX 57547
 Number Street

JACKSONVILLE FL 32241
 City State ZIP Code

MIDLAND CREDIT MANAGEMENT
 Name
 2365 NORTHSIDE DRIVE STE 300
 Number Street

SAN DIEGO CA 92108
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 6 9 1

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 0 0 2

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 9 5 3

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 5 5 9

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 3 7 4

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 7 1 5

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 5.0 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 2 4 4

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

CREDIT ADJUSTMENT CO

Name

2601 NW EXPWY STE 1000E

Number Street

OKLAHOMA CITY

OK

73112

City

State

ZIP Code

CREDIT ADJUSTMENT CO

Name

2601 NW EXPWY STE 1000E

Number Street

OKLAHOMA CITY

OK

73112

City

State

ZIP Code

CREDIT ADJUSTMENT CO

Name

2601 NW EXPWY STE 1000E

Number Street

OKLAHOMA CITY

OK

73112

City

State

ZIP Code

CREDIT ADJUSTMENT CO

Name

2601 NW EXPWY STE 1000E

Number Street

OKLAHOMA CITY

OK

73112

City

State

ZIP Code

CREDIT ADJUSTMENT CO

Name

2601 NW EXPWY STE 1000E

Number Street

OKLAHOMA CITY

OK

73112

City

State

ZIP Code

CONVERGENT OUTSOURCING INC

Name

800 SW 39TH STREET

Number Street

RENTON

WA

98057

City

State

ZIP Code

LVNV FUNDING LLC

Name

625 PILOT ROAD STE 2/3

Number Street

LAS VEGAS

NV

89119

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 5.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 4 7 2

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 5.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 5 7 1

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 5.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 5 8 7

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 5.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 7 9 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 5.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 8 0 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 5.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 4 3 3

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 5.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 6 8 8

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

NATIONAL SERVICE BUREAU

Name

PO BOX 747

Number Street

BOTHELL

City

WA

State

98041

ZIP Code

MEDICAL REVENUE SERVICE

Name

PO BOX 938

Number Street

VERO BEACH

City

FL

State

32961

ZIP Code

MEDICAL REVENUE SERVICE

Name

PO BOX 938

Number Street

VERO BEACH

City

FL

State

32961

ZIP Code

WAKEFIELD AND ASSOCIATES

Name

PO BOX 59003

Number Street

KNOXVILLE

City

TN

State

45273

ZIP Code

HRRG

Name

PO BOX 5406

Number Street

CINCINNATI

City

OH

State

45273

ZIP Code

PMAB LLC

Name

4135 SOUTH STREAM BLVD

Number Street

CHARLOTTE

City

NC

State

28217

ZIP Code

PMAB LLC

Name

4135 SOUTH STREAM BLVD

Number Street

CHARLOTTE

City

NC

State

28217

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 6.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 5 7 5 9

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 6.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8 4 2 7

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 6.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9 4 8 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 6.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9 4 8 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 6.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 2 8 9 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 7.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 1 5 3 8

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 7.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9 3 8 0

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

PHOENIX FINANCIAL SERVICES LLC
Name
8902 OTIS AVE STE 103A
Number Street

INDIANAPOLIS IN 46216
City State ZIP Code

CREDIT COLLECTION SERVICES
Name
725 CANTON STREET
Number Street

NORWOOD MA 02062
City State ZIP Code

EMERGENT PORTFOLIO SERVICES
Name
PO BOX 190
Number Street

HORSHAM PA 19044
City State ZIP Code

ENHANCED RECOVERY
Name
PO BOX 57547
Number Street

JACKSONVILLE FL 32241
City State ZIP Code

CONVERGENT OUTSOURCING
Name
800 SW 39TH STREET
Number Street

RENTON WA 98057
City State ZIP Code

WILLIAMS AND FUDGE INC
Name
PO BOX 266
Number Street

ROCK HILL SC 29731
City State ZIP Code

IC SYSTEM COLLECTIONS
Name
PO BOX 64437
Number Street

ST PAUL MN 55164
City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 7.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 9 3 0

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 7.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 8 2 7

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 7.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 8 9 9

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 7.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 6 2 6

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 8.0 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 2 4 2

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 8.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 2 9 9

On which entry in Part 1 or Part 2 did you list the original creditor?
Line 8.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 5 5 4

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

RECEIVABLE RECOVERY LA

Name

110 VETERANS MEMORIAL BLVD #445

Number Street

METAIRE

City

LA

State

70005

ZIP Code

PARAMOUNT RECOVERY SYSTEMS

Name

7524 BOSQUE BLVD STE L

Number Street

WACO

City

TX

State

76712

ZIP Code

AMERICAN MED COLLECTION AGENCY

Name

4 WESTCHESTER PLAZA BLDG 4

Number Street

ELMSFORD

City

NY

State

10523

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 8.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 0 0 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 9.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 4 6 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 9.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 0 4 2 1

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim**Total claims
from Part 1**

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 0.00

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ 0.00

6e. Total. Add lines 6a through 6d.

6e. \$ 0.00

Total claim**Total claims
from Part 2**

6f. Student loans

6f. \$ 88,697.08

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0.00

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0.00

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 86,255.63

6j. Total. Add lines 6f through 6i.

6j. \$ 174,952.71

Fill in this information to identify your case:

Debtor	DAVID	LEE	JUMPER
	First Name	Middle Name	Last Name
Debtor 2 (Spouse If filing)	JENNIFER	MARIE	JUMPER
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Northern District of Texas

Case number
(if known)☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 CHASE AUTO FINANCE

2014 FORD F-150

Name

PO BOX 78068

Number Street

PHOENIX

AZ

85062

City

State

ZIP Code

2.2

Name

Number Street

City

State

ZIP Code

2.3

Name

Number Street

City

State

ZIP Code

2.4

Name

Number Street

City

State

ZIP Code

2.5

Name

Number Street

City

State

ZIP Code

Fill in this information to identify your case:

Debtor 1	DAVID First Name	LEE Middle Name	JUMPER Last Name
Debtor 2 (Spouse, if filing)	JENNIFER First Name	MARIE Middle Name	JUMPER Last Name
United States Bankruptcy Court for the: Northern District of Texas			
Case number (If known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.

☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☒ Yes. In which community state or territory did you live? WISCONSIN. Fill in the name and current address of that person.

SCOTT DAVID LUTZ

Name of your spouse, former spouse, or legal equivalent

420 N 3RD STREET

Number Street

MIDLOTHIAN

City

TX

State

76065

ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 SCOTT DAVID LUTZ

Name

420 N 3RD STREET

Number Street

MIDLOTHIAN

City

TX

State

76065

ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line 4.7
☐ Schedule G, line _____

3.2 SCOTT DAVID LUTZ

Name

420 N 3RD STREET

Number Street

MIDLOTHIAN

City

TX

State

76065

ZIP Code

☐ Schedule D, line _____

☒ Schedule E/F, line 5.6
☐ Schedule G, line _____

3.3

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	<u>DAVID</u>	<u>LEE</u>	<u>JUMPER</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)	<u>JENNIFER</u>	<u>MARIE</u>	<u>JUMPER</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Northern District of Texas



Case number (If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY _____

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

OccupationPRESSER 2TAX PREPARER**Employer's name**OWEN OIL TOOLSJACKSON HEWITT**Employer's address**12001 COUNTY RD 1000
Number Street612 E HWY 377
Number StreetGODLEY TX 76044
City State ZIP CodeGRANBURY TX 76048
City State ZIP CodeHow long employed there? 2 YEARS2 YEARS**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
2.	\$ <u>2,472.86</u>	\$ <u>1,463.82</u>

3. Estimate and list monthly overtime pay.

3.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
----	-----------------	-----------------

4. Calculate gross income. Add line 2 + line 3.

4.	\$ <u>2,472.86</u>	\$ <u>1,463.82</u>
----	--------------------	--------------------

Debtor 1 **DAVID** **LEE** **JUMPER**
 First Name Middle Name Last Name

Case number (if known)

For Debtor 1

For Debtor 2 or
non-filing spouse

Copy line 4 here..... → 4. \$ 2,472.86 \$ 1,463.82

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions	5a.	\$ <u>333.06</u>	\$ <u>169.52</u>
5b. Mandatory contributions for retirement plans	5b.	\$ <u>0.00</u>	\$ <u>0.00</u>
5c. Voluntary contributions for retirement plans	5c.	\$ <u>138.58</u>	\$ <u>0.00</u>
5d. Required repayments of retirement fund loans	5d.	\$ <u>87.18</u>	\$ <u>0.00</u>
5e. Insurance	5e.	\$ <u>521.64</u>	\$ <u>0.00</u>
5f. Domestic support obligations	5f.	\$ <u>0.00</u>	\$ <u>0.00</u>
5g. Union dues	5g.	\$ <u>0.00</u>	\$ <u>0.00</u>
5h. Other deductions. Specify: _____	5h.	+\$ <u>0.00</u>	+\$ <u>0.00</u>

6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$ 1,080.46 \$ 169.52

7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 1,392.40 \$ 1,294.30

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 0.00 \$ 0.00

8b. Interest and dividends

8b. \$ 0.00 \$ 0.00

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. \$ 240.00 \$ 670.00

8d. Unemployment compensation

8d. \$ 0.00 \$ 0.00

8e. Social Security

8e. \$ 0.00 \$ 0.00

8f. Other government assistance that you regularly receive

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: NONE

8f. \$ 0.00 \$ 0.00

8g. Pension or retirement income

8g. \$ 0.00 \$ 0.00

8h. Other monthly income. Specify: _____

8h. +\$ 0.00 +\$ 0.00

9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.

9. \$ 240.00 \$ 670.00

10. Calculate monthly income. Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ 1,632.40 + \$ 1,964.30 = \$ 3,596.70

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: NONE

11. + \$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies

12. \$ 3,596.71

Combined
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

☐ No.

☒ Yes. Explain:

DEBTOR 2'S JOB ENDS ON APRIL 15TH, 2019.

Fill in this information to identify your case:

Debtor 1	<u>DAVID</u>	<u>LEE</u>	<u>JUMPER</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)	<u>JENNIFER</u>	<u>MARIE</u>	<u>JUMPER</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Northern District of Texas ☐

Case number
(If known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

SON17

- ☐ No
- ☒ Yes

SON16

- ☐ No
- ☒ Yes

SON14

- ☐ No
- ☒ Yes

DAUGHTER5

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 0.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 0.00

4d. \$ 0.00

Debtor 1 **DAVID** **LEE** **JUMPER**
First Name Middle Name Last Name

Case number (if known) _____

		Your expenses
5. Additional mortgage payments for your residence , such as home equity loans	5.	\$ <u>0.00</u>
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$ <u>220.00</u>
6b. Water, sewer, garbage collection	6b.	\$ <u>230.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ <u>300.00</u>
6d. Other. Specify: <u>N/A</u>	6d.	\$ <u>0.00</u>
7. Food and housekeeping supplies	7.	\$ <u>600.00</u>
8. Childcare and children's education costs	8.	\$ <u>240.00</u>
9. Clothing, laundry, and dry cleaning	9.	\$ <u>300.00</u>
10. Personal care products and services	10.	\$ <u>200.00</u>
11. Medical and dental expenses	11.	\$ <u>150.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ <u>350.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ <u>300.00</u>
14. Charitable contributions and religious donations	14.	\$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$ <u>0.00</u>
15b. Health insurance	15b.	\$ <u>0.00</u>
15c. Vehicle insurance	15c.	\$ <u>167.00</u>
15d. Other insurance. Specify: <u>N/A</u>	15d.	\$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>N/A</u>	16.	\$ <u>0.00</u>
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	\$ <u>390.00</u>
17b. Car payments for Vehicle 2	17b.	\$ <u>0.00</u>
17c. Other. Specify: <u>N/A</u>	17c.	\$ <u>0.00</u>
17d. Other. Specify: <u>N/A</u>	17d.	\$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: <u>N/A</u>	19.	\$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	\$ <u>0.00</u>
20b. Real estate taxes	20b.	\$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c.	\$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d.	\$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e.	\$ <u>0.00</u>

Debtor 1

DAVID
First NameLEE
Middle NameJUMPER
Last Name

Case number (if known) _____

21. Other. Specify: N/A21. +\$ 0.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 3,447.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 3,447.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 3,596.70

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 3,447.0023c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.23c. \$ 149.70


24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes. Explain here:

Fill in this information to identify your case:

Debtor 1	<u>DAVID</u>	<u>LEE</u>	<u>JUMPER</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>JENNIFER</u>	<u>MARIE</u>	<u>JUMPER</u>
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Northern District of Texas 

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

	Your assets Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$ 0.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$ 48,381.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i>	\$ 48,381.00

Part 2: Summarize Your Liabilities

	Your liabilities Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$ 13,869.00
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$ 174,952.71
Your total liabilities	\$ 188,821.71

Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 3,596.70
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 3,528.00

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☒ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☐ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.


\$ 4,846.68

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 88,697.08
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 88,697.08

Fill in this information to identify your case:

Debtor 1	<u>DAVID</u>	<u>LEE</u>	<u>JUMPER</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)	<u>JENNIFER</u>	<u>MARIE</u>	<u>JUMPER</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Northern District of Texas 

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.


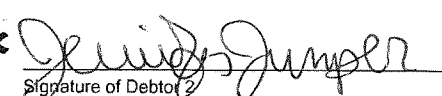
Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x  x 

Signature of Debtor 1 Signature of Debtor 2


Date 02/22/2019
MM / DD / YYYY

Date 02/22/2019
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 DAVID LEE JUMPER
First Name Middle Name Last Name

Debtor 2 JENNIFER MARIE JUMPER
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Texas 

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☐ creditors have claims secured by your property, or
- ☐ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: CHASE AUTO FINANCE Description of property securing debt: 2014 FORD F-150	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: <u>PAY IT OFF AS AGREED</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Creditor's name: PROGRESSIVE LEASING Description of property securing debt: ENGAGEMENT RING	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: <u>TELL THEM IT WAS LOST</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: WORLD FINANCE Description of property securing debt: UNSURE. THERE ARE TWO ACCOUNTS FOR THIS CREDITOR IN DEBTOR 1'S NAME THAT THESE CIRCUMSTANCES APPLY TO.	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: <u>UNKNOWN</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: WORLD FINANCE Description of property securing debt: TELEVISION	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: <u>BE FORGIVEN</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**

Lessor's name: DAVID LEE JUMPER

☐ No

Description of leased property: 2014 FORD F-150

☒ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

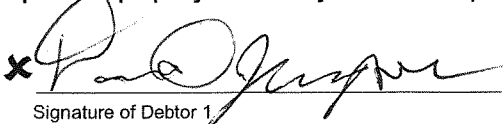
Lessor's name:

☐ No

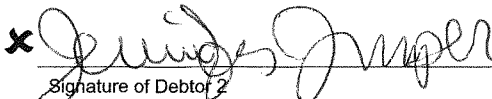
Description of leased property:

☐ Yes**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

x 

Signature of Debtor 1

x 

Signature of Debtor 2

Date 02/22/2019
MM / DD / YYYY

Date 02/22/2019
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	DAVID <small>First Name</small>	LEE <small>Middle Name</small>	JUMPER <small>Last Name</small>
Debtor 2 (Spouse, if filing)	JENNIFER <small>First Name</small>	MARIE <small>Middle Name</small>	JUMPER <small>Last Name</small>

United States Bankruptcy Court for the: Northern District of Texas

Case number (if known) _____

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 2,472.86	\$ 1,463.82
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ 240.00	\$ 670.00
5. Net income from operating a business, profession, or farm	Debtor 1 Gross receipts (before all deductions) \$ 0.00 Ordinary and necessary operating expenses - \$ 0.00 Net monthly income from a business, profession, or farm \$ 0.00	Debtor 2 Gross receipts (before all deductions) \$ 0.00 Ordinary and necessary operating expenses - \$ 0.00 Net monthly income from a business, profession, or farm \$ 0.00
6. Net income from rental and other real property	Debtor 1 Gross receipts (before all deductions) \$ 0.00 Ordinary and necessary operating expenses - \$ 0.00 Net monthly income from rental or other real property \$ 0.00	Debtor 2 Gross receipts (before all deductions) \$ 0.00 Ordinary and necessary operating expenses - \$ 0.00 Net monthly income from rental or other real property \$ 0.00
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00

Debtor 1

DAVID

LEE

JUMPE

First Name

Middle Name

Last Name

Case number (if known)

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \downarrow

For you \$ 0.00

For your spouse..... \$ 0.00

\$ 0.00

\$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.

\$ 0.00

\$ 0.00

10. Income from all other sources not listed above. Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

NONE

\$ 0.00

\$ 0.00

NONE

\$ 0.00

\$ 0.00

Total amounts from separate pages, if any.

+ \$ 2,712.86

+ \$ 2,133.82

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 2,712.86

+

\$ 2,133.82

=

\$ 4,846.68

Total current
monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11. Copy line 11 here \rightarrow

\$ 4,846.68

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b. \$ 58,160.16

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

TEXAS

Fill in the number of people in your household.

6

Fill in the median family income for your state and size of household. 13.

\$ 84,766.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

x

Signature of Debtor 1

Date 02/22/2019
MM / DD / YYYY

x

Signature of Debtor 2


Date 02/22/2019
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1	DAVID	LEE	JUMPER
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)	JENNIFER	MARIE	JUMPER
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Northern District of Texas 

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1
lived there

Debtor 2:

Dates Debtor 2
lived there

Number Street

From _____
To _____209 NE 27TH STREET
Number StreetFrom 04/20/2012
To 06/02/2017

City State ZIP Code

MINERAL WELLS TX 76067
City State ZIP Code

Number Street

From _____
To _____

Number Street

From _____
To _____

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
☒ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy: <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 2,472.86	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 1,486.44
For last calendar year: (January 1 to December 31, 2018) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business \$ 27,304.01	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business \$ 7,709.13	
For the calendar year before that: (January 1 to December 31, 2017) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business \$ 28,634.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business \$ 5,500.00	

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No☒ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy: CS-CL2015118 CS-D2007231	\$ 276.92 \$ 200.00 \$	CHILD SUPPORT \$ 1,005.24 \$ \$	
For last calendar year: (January 1 to December 31, 2018) YYYY	CS-CL2015118 \$ 138.46 CS-D2007231 \$ 1,200.00 \$	CHILD SUPPORT \$ 6,449.25 \$ \$	
For the calendar year before that: (January 1 to December 31, 2017) YYYY	CS-CL2015118 \$ 0.00 CS-D2007231 \$ 1,243.98 \$	CHILD SUPPORT \$ 8,405.48 \$ \$	

Debtor 1

DAVID

First Name

LEE

Middle Name

JUMPER

Last Name

Case number (if known)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☒ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.

- ☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
CHASE AUTO FINANCE Creditor's Name	01/29/2019	\$ 800.00	\$ 11,125.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				
Creditor's Name		\$	\$	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street				
City State ZIP Code				

Debtor 1 **DAVID** **LEE** **JUMPER**
First Name Middle Name Last Name

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	\$ _____	\$ _____	

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	\$ _____	\$ _____	

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title <u>EVICTON</u>	MINERAL WELLS HOUSING AUTHORITY SOUGHT AN EVICTION FOR NON-PAYMENT AGAINST DEBTOR 2 ONLY.	<u>JUSTIUCE COURT PCT 5</u>	<input type="checkbox"/> Pending
<u>CITATION</u>		<u>109 N OAK AVENUE</u>	<input type="checkbox"/> On appeal
Case number <u>FD4378</u>		<u>MINERAL WELLS 76067</u>	<input checked="" type="checkbox"/> Concluded
Case title _____		<u>_____</u>	<input type="checkbox"/> Pending
_____		<u>_____</u>	<input type="checkbox"/> On appeal
Case number _____		<u>_____</u>	<input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

☐ No. Go to line 11.☒ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
<u>SANTANDER</u> Creditor's Name	2010 CHEVBY EQUINOX. CEBTOR 2 DID A VOLUNTARY REPOSSESSION.	<u>07/01/2017</u>	\$ <u>8,699.00</u>
<u>PO BOX 961245</u> Number Street			
<u>FORT WORTH TX 75161</u> City State ZIP Code	Explain what happened		
	<input checked="" type="checkbox"/> Property was repossessed.		
	<input type="checkbox"/> Property was foreclosed.		
	<input type="checkbox"/> Property was garnished.		
	<input type="checkbox"/> Property was attached, seized, or levied.		

	Describe the property	Date	Value of the property
<u>_____</u> Creditor's Name		<u>_____</u>	\$ <u>_____</u>
<u>_____</u> Number Street			
<u>_____</u> City State ZIP Code	Explain what happened		
	<input type="checkbox"/> Property was repossessed.		
	<input type="checkbox"/> Property was foreclosed.		
	<input type="checkbox"/> Property was garnished.		
	<input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☒ No☐ Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number _____ Street _____ City _____ State _____ ZIP Code _____			\$ _____
Last 4 digits of account number: XXXX-____-____-____			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☒ No☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Person's relationship to you _____			\$ _____
			\$ _____
Person to Whom You Gave the Gift _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Person's relationship to you _____			\$ _____
			\$ _____

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities
that total more than \$600

Describe what you contributed

Date you
contributed

Value

Charity's Name

\$

Number Street

\$

City

State

ZIP Code

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and
how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your
loss

Value of property
lost

\$

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred

Date payment or
transfer was
made

Amount of payment

Person Who Was Paid

Number Street

\$

City

State

ZIP Code

\$

Email or website address

Person Who Made the Payment, if Not You

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known) _____

Person Who Was Paid

Number Street

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or
transfer was madeAmount of
payment

\$ _____

\$ _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.

Description and value of any property transferred

Date payment or
transfer was
made

Amount of payment

Person Who Was Paid

Number Street

City State ZIP Code

\$ _____

\$ _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☒ No☐ Yes. Fill in the details.Description and value of property
transferredDescribe any property or payments received
or debts paid in exchangeDate transfer
was made

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you _____

Person Who Received Transfer

Number Street

City State ZIP Code

Person's relationship to you _____

Debtor 1

DAVID

First Name

LEE

Middle Name

JUMPER

Last Name

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date transfer was made

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No☒ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
FIRST NATL BANK GRANBURY Name of Financial Institution 1905 S MORGAN STREET Number Street GRANGURY TX 76048 City State ZIP Code	XXXX- 4 2 9 6	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	01/01/2018	\$ 147.18
Name of Financial Institution Number Street 76048 City State ZIP Code	XXXX- _ _ _ _	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution Number Street City State ZIP Code	Name Number Street City State ZIP Code		<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?

☐ No☐ Yes

Name of Storage Facility

Name

Number Street

Number Street

City State ZIP Code

City

State

ZIP Code

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No☐ Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name

\$ _____

Number Street

Number Street

City

State

ZIP Code

City

State

ZIP Code

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No☐ Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Governmental unit

Number Street

Number Street

City

State

ZIP Code

City

State

ZIP Code

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

25. Have you notified any governmental unit of any release of hazardous material?

☒ No☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		
City State ZIP Code	City State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No☐ Yes. Fill in the details.

Case title	Court or agency	Nature of the case	Status of the case
	Court Name		<input type="checkbox"/> Pending
	Number Street		<input type="checkbox"/> On appeal
Case number	City State ZIP Code		<input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		EIN: _____
City State ZIP Code	Name of accountant or bookkeeper	Dates business existed
		From _____ To _____
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street		EIN: _____
City State ZIP Code	Name of accountant or bookkeeper	Dates business existed
		From _____ To _____

Debtor 1

DAVID

LEE

JUMPER

First Name

Middle Name

Last Name

Case number (if known)

Business Name

Number Street

City

State

ZIP Code

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _____

Name of accountant or bookkeeper

Dates business existed

From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City

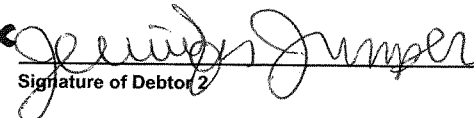
State

ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x 
Signature of Debtor 1

x 
Signature of Debtor 2

Date 02/22/2019

Date 02/22/2019

Did you attach additional pages to Your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

In Re:

Case No.:

Debtor(s)

§
§
§
§
§
§
§

VERIFICATION OF MAILING LIST

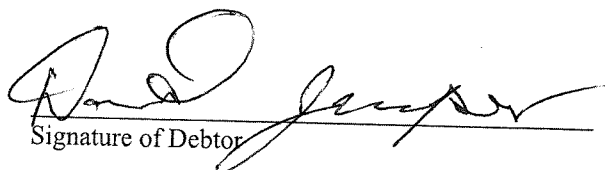
The Debtor(s) certifies that the attached mailing list (*only one option may be selected per form*):

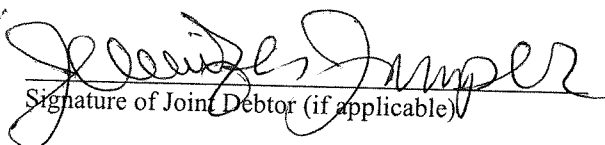
- ☒ is the first mail matrix in this case.
- ☐ adds entities not listed on previously filed mailing list(s).
- ☐ changes or corrects name(s) and address(es) on previously filed mailing list(s).
- ☐ deletes name(s) and address(es) on previously filed mailing list(s).

In accordance with N.D. TX L.B.R. 1007.1, the above named Debtor(s) hereby verifies that the attached list of creditors is true and correct.

2-22-2019

Date


Signature of Debtor


Signature of Joint Debtor (if applicable)

Signature of Attorney (if applicable)

0626
Debtor's Social Security (*last four digits only*) /Tax ID No.

3925
Joint Debtor's Social Security (*last four digits only*) /Tax ID No.

Debtors: David Lee Jumper and Jennifer Marie Jumper

Creditor Mailing Matrix

1. Acton Medical Clinic
2006 Fall Creek Hwy
Granbury, TX 76048
2. American Medical Center
4 Westchester Plaza Bldg 4
Elmsford, NY 10523
3. APP Texas ED LLC
PO Box 4458 Dept 329
Houston, TX 77210
4. At Home Professions
2001 Lowe Street
Fort Collins, CO 80525
5. AT&T
PO Box 5014
Carol Stream, IL 60197
6. ATT Uverse
PO Box 536216
Atlanta, GA 30353
7. ATT Wireline
PO Box 536216
Atlanta, GA 30353
8. Bigelow Rentals
1216 Buchanan Street
Green Bay, WI 54303
9. Charter Communications
PO Box 790261
Saint Louis, MO 63179

10. Chase Auto Finance
PO Box 78068
Phoenix, AZ 85062
11. Comenity Bank / Bealls
PO Box 182789
Columbus, OH 43218
12. Concord Medical Group
2800 Corporate Drive #103
Flower Mound, TX 75028
13. Convergent Outsourcing
800 SW 39th Street
Renton, WA 98057
14. Credit Acceptance Corp
25505 W 12 Mile Road
Southfield, MI 48034
15. Credit Adjustment CO
2601 NW Expwy Ste 1000E
Oklahoma City, OK 73112
16. Credit Collection Services
725 Canton Street
Norwood, MA 02062
17. DirecTV
PO Box 105503
Atlanta, GA 30348
18. Emergent Portfolio Services
PO Box 190
Horsham, PA 19044
19. ERC
PO Box 57547
Jacksonville, FL 32241
20. Fingerhut / Webbank
6250 Ridgewood Road
Saint Cloud, MN 56303

21. First National Bank Granbury
1905 S Morgan Street
Granbury, TX 76048
22. Fort Worth Heart PA
PO Box 202530
Austin, TX 78720
23. Franklin Collection Service
PO Box 3910
Tupelo, MS 38803
24. Fundraising Dots
27285 Las Rambles Ste 210
Mission Viejo, CA 92691
25. Granbury Hood County EMS
2200 Commercial Lane
Granbury, TX 76048
26. HRRG
PO Box 5406
Cincinnati, OH 45273
27. IC System Collections
PO Box 64378
St Paul, MN 55164
28. JH Portfolio
5757 Phantom Dr Ste 225
Hazelwood, MO 63042
29. Lake Granbury Medical Center
PO Box 1280
Oaks, PA 19456
30. Longhorn Emergency Medical
PO Box 740021
Cincinnati, OH 45274
31. LVNV Funding LLC
625 Pilot Road
Las Vegas, NV 89119

32. Medical Revenue Service
PO Box 938
Vero Beach, FL 32961
33. Midland Credit Management
2365 Northside Drive Ste 300
San Diego, CA 92108
34. Mineral Wells Housing Authority
200 NE 27th Street
Mineral Wells, TX 76067
35. National Service Bureau
PO Box 747
Bothell, WA 98041
36. Navient
PO Box 9635
Wilkes-Barre, PA 18773
37. Nevada Title and Payday Loan
3151 N Carson Street
Carson City, NV 89706
38. Palo Pinto General Hospital
400 SW 25th Avenue
Mineral Wells, TX 76067
39. Paramount Recovery Systems
7524 Bosque Blvd Ste L
Waco, TX 76712
40. Parker Emergency Medical Association
200 Corporate Blvd Ste 201
Lafayette, LA 70508
41. Phoenix Financial Services LLC
8902 Otis Ave Ste 103A
Indianapolis, IN 46216
42. PMAB LLC
4135 South Stream Blvd
Charlotte, NC 28217

43. Progressive Insurance
6300 Wilson Mills Rd Box W33
Mayfield Village, OH 44143
44. Progressive Leasing
256 Data Drive
Draper, UT 84020
45. Questcare ER N Hills
4401 Booth Calloway Road
North Richland Hills, TX 76180
46. Quest Diagnostic Incorporated
805 Hill Blvd Unit 108
Granbury, TX 76048
47. Radiology of North Texas
PO Box 1723
Indianapolis, IN 46206
48. Receivable Recovery LA
110 Veterans Memorial Blvd #445
Metairie, LA 70005
49. Santander
PO Box 961245
Fort Worth, TX 76161
50. Scott Lutz
420 N 3rd Street
Midlothian, TX 76065
51. Security Finance
722 E Hwy 377
Granbury, TX 76048
52. Social Security Administration
601 East Twelfth Street
Kansas City, MO 64106
53. Sprint
PO Box 4191
Carol Stream, IL 60197

54. Suddenlink
PO Box 742353
Cincinnati, OH 45274
55. Tarleton State University
1333 Washington Street
Stephenville, TX 76401
56. T-Mobile
PO Box 742596
Cincinnati, OH 45274
57. Toledo Finance
112 Tenaha Street
Center, TX 75935
58. USCB Corporation
761 Scranton Carbondale Hwy Unit #6
Eynon, PA 18403
59. UT Southwestern
PO Box 2090
Morrisville, NC 27560
60. Wakefield and Associates
PO Box 59003
Knoxville, TN 37950
61. Weatherford Regional Medical Center
713 E Anderson Street
Weatherford, TX 76086
62. Western Finance
1323 N Plaza Drive
Granbury, TX 76048
63. Western Shamrock
801 S Abe Street Ste 2A
San Angelo, TX 76903
64. Williams and Fudge Inc
PO Box 266
Rock Hill, SC 29731

65. Wisconsin Auto Title Loans
728 S Military Avenue
Green Bay, WI 54303

66. World Finance CO
108 Frederick St
Greenville, SC 29607

67. World Finance CO
1327 Plaza Drive
Granbury, TX 76048